

STATE AND SCHOOL
EMPLOYEES'

Life

AND

Health

P L A N

Know Your Benefits

Update of Premium Rates

Effective July 1, 2010, there will be no changes to the health insurance premium rates currently in force for all coverage classes. Although no decision has been made as yet, you will be promptly notified should there be premium changes later this year.

Dependent Coverage – Eligibility Expanded

If you are an active employee, retiree, or COBRA participant currently participating in the Plan as of April 27, 2010, and have a dependent under the age of 26 that lost health insurance coverage in the Plan due to reaching age 19 or age 25, or no longer being a full-time student, or getting married, you now have the opportunity to add him/her back to the Plan. Rather than wait until the January 1, 2011 effective date required under the recently passed *Patient Protection and Affordable Care Act*, the State and School Employees Health Insurance Management Board has elected to implement this expanded dependent eligibility coverage for affected Plan participants earlier

than required, allowing qualifying dependents to be added back to the Plan effective July 1, 2010.

The Board has approved a Special Dependent Enrollment Period during the month of June to allow participants to apply for health insurance coverage in the Plan for any dependents qualifying under the newly-expanded eligibility rules.

If you are an active employee currently participating in the Plan as of April 27, 2010, and you would like to reinstate health insurance coverage for your qualifying dependent, you need to contact your Human Resources office to obtain an *Application for Coverage* form. Once completed, your form must be returned to your Human Resource office by the June 30, 2010 deadline.

If you are a covered retiree or COBRA participant in the Plan as of April 27, 2010, and would like to reinstate health insurance coverage for your qualifying dependent, you should contact Blue Cross & Blue Shield of Mississippi (BCBSMS) at (888) 249-6132 to request an *Application for Coverage* form. The form and applicable payment must be received at BCBSMS by June 30, 2010.

PLEASE NOTE: This dependent coverage reinstatement opportunity is only available to active, retiree, and COBRA participants in the Plan as of April 27, 2010. In accordance with current State law, active employees hired after April 27, 2010, will not be allowed to enroll dependents who do not meet the current dependent eligibility rules as provided in the 2010 *Plan Document*. Once a covered dependent (other than spouse) reaches age 26, his/her eligibility to continue in the Plan will terminate.

This Special Dependent Enrollment Period only applies to dependents ages 19 through 25. This also includes any 19 - 25 year old dependents who have never been in the Plan but who were eligible as of the date of the covered parent's initial employment. Other dependents cannot be added during this time, unless otherwise qualified under the current eligibility rules as provided in the 2010 *Plan Document* (go to <http://knowyourbenefits.dfa.state.ms.us>). If you do not apply during this Special Dependent Enrollment Period, the earliest you can reinstate coverage for your qualifying dependent will be January 1, 2011. To do so, you will need to make application during the Open Enrollment Period to be held in October, at which time you may also make other coverage changes as otherwise provided under the Plan. If you are a retiree, please remember that the Plan does not allow retirees to add dependents during Open Enrollment.

OPTION TO PORT TERM LIFE INSURANCE COVERAGE

WHAT IS IT?

Active employees participating in the State and School Employees' Life Insurance Plan who subsequently terminate their State employment now have the option to continue some or all of their term life insurance coverage through Minnesota Life Insurance Company under a new portability rider. Unlike the conversion option which allows participants to "convert" to a whole life policy, this new provision allows qualified terminating employees to "port" to much more affordable term life insurance coverage, with no evidence of insurability requirements.

HOW DOES IT WORK?

To qualify, you must be under age 70, and your coverage termination in the Plan must be due to your employment termination, retirement, layoff or non-medical leave, or loss of eligibility (i.e., no longer a full-time employee). You must apply within 31 days from the date you lose coverage as an active employee in the Plan, and medical evidence of insurability will not be required. The minimum amount of coverage for which you may apply to port is \$10,000, while the maximum amount of ported coverage is limited to the actual amount of coverage that you are losing in the Plan. If you are a retiring employee, you may elect to port coverage, or continue coverage in the Plan as a retiree (\$5,000, \$10,000, or \$20,000), or both, with the total amount of coverage (Plan and ported) not to exceed the amount of coverage you had as an active employee. If you are age 65 or older, you are limited to a maximum of 65% of the coverage you had as an active employee, with all such ported coverage to terminate at age 70. You will be responsible for all premiums for ported coverage.

HOW DOES SOMEONE APPLY?

To apply for ported coverage, you must complete and submit a Portability Election form to Minnesota Life. Once Minnesota Life verifies your eligibility and coverage amount and approves the ported coverage, they will bill you for the appropriate premium. To save time and the expense of paying by check, you can authorize monthly bank draft premium payments at the time you apply for coverage by attaching a voided check to your application. If you are a retiree electing to port coverage, you will likewise have the option of paying your premiums by bank draft or check, but will not be able to have such premiums for ported coverage payroll deducted from your monthly PERS retirement benefits.

WHERE ARE THE FORMS?

Application forms and additional information are available on our Know Your Benefits website. To access this link, go to <http://knowyourbenefits.dfa.state.ms.us> and click on Life Insurance. If you are a terminating active employee, your Human Resource office can provide this information to you.

**Eligibility and
life insurance portability
information in this
newsletter will be
included in the
2010 Plan Document
Amendment No. 1
and is available on the
Plan's website at
<http://knowyourbenefits.dfa.state.ms.us>.**

Who's Your Beneficiary?

Review your beneficiary designations periodically - particularly after you've written or amended your will, or after you or a family member have experienced a major life event such as a birth, marriage, divorce or death. Contact BCBSMS at (800) 709-7881 to find out who is currently listed as your beneficiary. To make a beneficiary change, you should request an *Enrollment/Change Request Form* from your Human Resources office. Retirees may request a form from BCBSMS.

PLANNING FOR RETIREMENT

Are you thinking about retirement – and what this life event might mean to you? What are you going to do when you retire? Are you going to play golf, travel, work in your garden, or just take it easy? There are a lot of things to think about before you retire. Two important things to think about are your health and life insurance.

Q: *Should I keep this Plan or get an individual health insurance policy?*

A: If you are trying to decide whether to keep coverage under the Plan or apply for an individual policy, be sure that you compare benefits vs. costs for each.

Q: *How much life insurance can I keep as a retiree?*

A: Service retirees can choose to keep \$5,000, \$10,000, or \$20,000 life insurance coverage under the Plan. Retirees under age 70 may also apply for coverage under the life insurance portability rider. Please refer to the Option to Port Term Life Insurance Coverage article in this newsletter for more information.

Q: *Are health insurance benefits for retirees the same as for active employees?*

A: If you and/or your dependent are under age 65 (and not eligible for Medicare) when you retire, your benefits will remain the same as those available to active employees. If you and/or your dependent are age 65 or on Medicare due to disability when you retire, Medicare will become your primary coverage and this Plan will be your secondary coverage. The Plan does not provide benefits for prescription drugs for Medicare eligible retirees. It is important to remember to enroll in Medicare Parts A, B, and D when you become eligible.

Be sure to complete the following checklist to enroll for retiree health and life benefits:

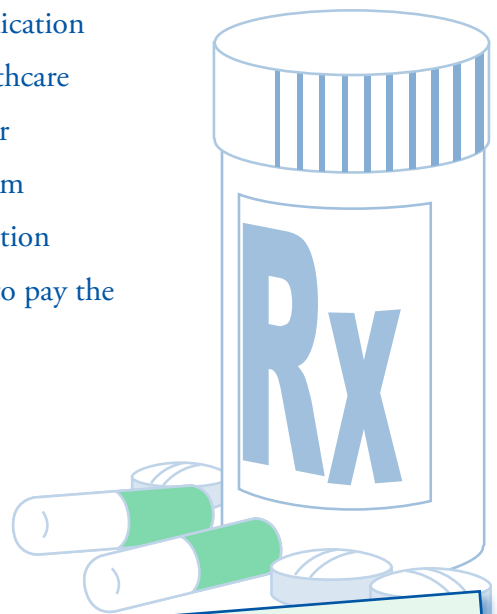
- ✓ Complete a health insurance *Application for Coverage* form and a life insurance *Enrollment/Change Request Form*.
- ✓ Submit 1st month's premium made payable to the State/School Insurance Fund. If you submit your application later than 31 days prior to retirement, submit 2 months premium.
- ✓ Submit a copy of your final *Estimate of Benefits* provided by the Public Employees' Retirement System (PERS).
- ✓ Submit a copy of your PERS disability approval letter (if applicable).

STEP THERAPY

Step Therapy is a process that helps control costs by defining how and when a particular drug or drug class should be used based on a patient's drug history. Step Therapy requires you to try a generic or preferred brand-name alternative before a non-preferred brand medication will be covered by your prescription drug plan. This means that you must try a generic or preferred brand-name medication before a medication requiring Step Therapy will be covered by the Plan. Medications in the following drug classes may require Step Therapy: Angiotensin II Receptor Blockers (Blood Pressure), Bisphosphonates (Osteoporosis), Hypnotics (Sleep Aids), Intranasal Steroids (Nasal Allergy), Proton Pump Inhibitors (Ulcer), or Triptans (Migraine). If you are currently taking a medication that requires Step Therapy, you will need to obtain a new prescription for a preferred alternative from your healthcare provider to ensure continued coverage of your medication under the Plan.

If you have previously tried a generic or preferred brand-name medication and it did not work for you, then you, your pharmacist, or your healthcare provider can contact Catalyst Rx at (866) 757-7839 to request a prior authorization be initiated. If you have not received prior approval from Catalyst Rx, your prescription for your current non-preferred medication requiring Step Therapy will not be covered and you will be required to pay the full cost of the drug at the pharmacy.

If you have any questions, please call the Catalyst Rx Customer Service Department at the number above. Representatives are available 24 hours a day, seven days a week to assist you.



Finding a network provider is easy!

*Finding an AHS State Network provider is just a click away!
Just follow these simple steps:*

- Go to <http://knowyourbenefits.dfa.state.ms.us>
- Click on Find a Participating Provider
- Select the provider type you need

If you do not have access to the internet, or if you have additional questions about participating providers, contact the AHS State Network at (800) 294-6307.

Are You Ready To Quit Smoking?

Tobacco is the leading preventable cause of disease and death in the United States. In Mississippi alone, nearly 5,000 adults die each year from smoking-related illnesses and more than 190,000 children are exposed to secondhand smoke in their own homes and automobiles. The mission of the Mississippi State Department of Health, Office of Tobacco Control is to protect the health of all Mississippians from the dangers of tobacco. Find out more at www.HealthyMS.com. If you or someone you know needs help with tobacco dependence, there are cessation services available to help you quit now.

The Mississippi Tobacco Quitline

The Mississippi Tobacco Quitline provides telephone-based tobacco treatment for Mississippi residents, free-of-charge. Nicotine Replacement Therapy is available for all eligible participants and will be shipped directly to you. The hours of Operation are Mon – Thurs: 7 am – 9 pm; Friday: 7 am – 7 pm; and Saturday: 9 am – 5:30 pm. You may call 1.800.QUIT.NOW (800-784-8669) or visit the website at www.quitlinems.com for more information.

The ACT Center

The ACT Center for Tobacco Treatment, Education, and Research provides face-to-face treatment to Mississippi residents free-of-charge. Nicotine Replacement Therapy and prescription medications are available for eligible participants. The ACT Center's main clinic is located in Jackson, Mississippi with several satellite treatment sites throughout the state. For more information, please call (601) 815-1180 or visit www.act2quit.com for more information.

